

County Social Services Fiscal Year 2010 Annual Review

The County Social Services Administrator shall prepare an annual review for the county stakeholders, the Department of Human Services and the state MH/MR/DD/BI Commission. By December 1st the annual review will be sent to the Department of Human Services for informational purposes.

The annual review shall incorporate an analysis of the data associated with the services managed by County Social Services during the preceding fiscal year. The annual review shall include, but not be limited to:

1. Progress toward goals and objectives of the Strategic Plan;
2. Documentation of stakeholder involvement;
3. Current provider network;
4. Actual expenditures for the previous fiscal year as reported by the County Auditors to the Department of Management (634C) and expenditure reports from the management MIS system;
5. Scope of services provided through the fiscal year (do not include unused covered services);
6. Appeals, number, type, and resolution;
7. Quality assurance implementation, findings and impact on plan, outcomes as captured by each program;
8. Waiting list information

1. Progress toward goals and objectives of the Strategic Plan

Goal 1

By July 1, 2010 have a fully implemented and operational Service Coordination program that will provide a help center for the coordination and dispatch of social services coverage to the community regardless of age or need. This program will also serve as the coordination point for mental health & disability services response to disasters.

Action Steps

Progress

1. Hire and train a Lead Service Coordinator with the primary focus of operating an effective help center, coordinating effective hospital discharge planning, and coordinate implementation of the new resource management program.(7/1/2009)	Financial concerns have left this position vacant. It will be reviewed again during this budget cycle. An attempt was made to integrate the Crisis Stabilization grant into this objective but was not supported by the grantor.
2. Hire a Service Coordinator to work primarily in Mitchell and Butler Counties. (7/1/2009)	We are moving a Floyd County TCM into a Mitchell County Office and when a new Floyd County TCM is hired the moved case manager will assume this role.
3. Certify all Service Coordinators in Mental Health First Aide (1/1/2010)	5 Service Coordinators have completed the course 3 are left.
4. Certify all Service Coordinators in Crisis Prevention.	All have had at least the 8 hour CPI course.
5. Certify all Service Coordinators in Locus and ICAP assessments.	Done
6. Provide 24/7 availability to the Help Center to coordinate after hour placements and service referrals.	We are not staffing beyond the work day but now have put the 24/7 cell phone number on the voice message.
7. Create intake and resource referral packets. (1/1/2011)	An intake packet and enrollment policy was adopted as a result of the state performance audit.
8. Provide 1-800 capabilities to the help center.(1/1/2011)	
9. Establish video links to key access points. (7/1/2012)	IT upgrades were made with this objective in mind.

Goal 2

By July 1, 2012 have Country View converted to a value added psychiatric nursing facility that will provide state-wide extended stay care for psychiatric patients that are at risk for MHI or hospital inpatient care.

Progress

July 1, 2010 Country View moved out of Fund 10 and off the county budget into an "Enterprise Fund." The agency will now depend on service fees for their operating budget increasing the accountability and

responsiveness to MHD service needs. Country View contracts with County Social Services for enhanced program services to meet the special needs of individuals with persistent mental illness and intellectual disabilities.

This is a significant time of transition for County View as the new governing board is hiring a permanent administrator as the interim administrator announced his resignation effective November 30, 2010.

The launch of the ICF/PMI unit is stalled by financial reporting concerns and Certificate of Need process.

Staff have completed extensive retraining with 9 trained instructors of Crisis Prevention Institute that provide ongoing training and coordination of positive behavioral interventions. At least 20 staff have completed a 12 hour Mental Health First Aide Course, an on site instruction by Dr. Pomeranz was conducted on supporting individuals with disabilities.

Goal 3

By January 1, 2010 have Mitchell County Care Facility fully covered by Medicaid reimbursed services. By June 30, 2013 transition Mitchell County Care Facility services to a community based delivery system.

Progress

1. HCBS/MR SCL implemented.(12/1/2008)	The program is in place and has been billed since May 2009.
2. Elderly waiver, CDAC billing approved. (1/1/2010)	With the HCBS SCL accreditation, they are ready to bill once they get IME approval.
3. Habilitation Services billing. (1/1/2010)	This has been pushed back but should be in place by 6/30/2011.
4. Assess construction needs to transition out of the facility. (10/1/2009)	An architect was retained to help develop a facility plan.
5. Construct duplex for 24 hour care (6/30/2013)	The Supervisors were forced to upgrade the furnace and other upgrades so the transition to a new facility will be pushed back to recover the investment and allow the leadership to firm up the support programs.
6. Use MCCF for IP Step down assessment and return to home. (6/30/2013)	

Goal 4

By July 1, 2010 have converted to Community Services Network (CSN) and consolidated administrative support functions.

Action

Progress

1. Convert all counties to CSN. (7/1/2009)	Conversion is wrapping up. A
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	year behind schedule but we were able to time a complete transition of FY2011 financials onto the new system. We have archived the 5 separate dbases with full FY2010 data.
2. Consolidate administrative functions in the most productive manner. (7/1/2010)	Each member county has adopted specialized functions to support the effective implementation of County Social Services. This is a unique organizational structure. It remains flat and county-based but by leveraging technology, we have been able to specialize functions without centralizing personnel and offices.
3. Connect Black Hawk Jail medical contractor to the CSN to improve coordination of services. (10/1/2009)	
4. Convert all paper archive files to electronic. 7/1/2013	

Goal 5

By July 1, 2011 implement a regional outpatient assessment process for SA and MH civil commitments with the appropriate level/site of care available to meet the presenting need of individuals and avoid unnecessary hospitalization.

Action

Progress

1. The Mental Health Center will implement a consult clinic capable of assessing individuals taken into custody or ordered for an evaluation under Chapter 229 or 125. (1/1/2010)	We hope to see some progress from the awarded Crisis Stabilization grant targeted at this outcome.
2. Reorganize the hospital referee functions to support more outpatient assessments. (1/1/2010)	Meetings with the Judicial system appear to be resistive to change without legislative change.
3. Request any legislative changes necessary. (3/1/2010)	Lost track of a group meeting to update Chapter 229. County Social Services will track and support legislation this cycle.
4. Develop RCF, ICF & community alternative placements to inpatient (7/1/2011)	Progress is being made with the completion of a five year strategic plan for ID crisis, Country View ICF/PMI development and enhanced training through positive behavioral support intervention.

Goal 6

By June 30, 2013, have an assessment and utilization management program and process recognized by Iowa Medicaid Enterprise. The intended outcome is to contract with IME for the management of Medicaid disability services.

Action

Progress

1. Implement new service plan based on functional assessment and level of care. (7/1/2010)	We are just to tightly staffed to implement. We need at least 2 and preferably 3 additional service coordinators.
2. Review other state models; i.e. Ohio, Wisconsin, Washington. (7/1/2010)	IME Director is supportive of the concept but would need to see something statewide to consider seriously. It is clear it would take too much time and effort to convince county action without the legislature giving direction.
3. Move to outcome based system. (7/1/2010)	Health Care Reform will generate attention to outcomes and away from encounter-based activities.

Goal 7

By June 30, 2011 implement a regional vocational initiative that leverages IVRS and Medicaid dollars to increase the productivity of individuals with disabilities.

Action

Progress

1. Issue an RFP for regional work services. (10/1/2009)	We did not issue an RFP. We are doing a pilot with NIVC for bundled purchase of service with stated and tracked outcomes.
2. Track outcomes of the RFP (7/1/2011)	Outcomes are tracked quarterly and will be fully reported in next year's annual report.
3. Explore opportunity to leverage local dollars against IVRS. (7/1/2010)	IVRS has carved out the population they choose to provide work services. Medicaid is implementing UR and time limiting pre-voc. We need to see if we can leverage other Federal dollars with the few discretionary dollars we have left.

Goal 8

By July 1, 2010 leverage current county dollars spent on Toledo and shelter care into a more progressive response to children in need of mental health support.

Action

Progress

1. Add Toledo and shelter care to the Mental Health & Disability Services Plan (7/1/2009)	Done
2. Establish intake and enrollment procedures with local shelters and Toledo.(7/1/2010)	
3. Integrate the Service Coordination process to include children with Serious Emotional Disorders. (7/1/2010)	We hope to have a program proposal to our member counties for implementation 7/1/2011.

2. Documentation of stakeholder involvement;

County Social Services Governing Board Meeting

The County Social Services Governing Board made up of one Supervisor from each member county meets monthly on the fourth Wednesday of each month. All agendas are distributed to stakeholders and minutes are published according to open meetings law. The Board meets in rotation in each of the member counties on a regular basis including meeting s with are provider partners.

Regular attendance and discussion with member county Board of Supervisors offers another opportunity to communicate with stakeholders. (Minutes are available upon request.)

Positive Behavioral Support Intervention Committee

County Social Services leads a group of providers dedicated to developing the capacity, confidence and competence to serve our community members with severe interfering behavior. This group meets monthly following the County Social Services Board Meeting. It is an opening meeting.

This group sponsored community wide training and awareness with Dr. Tom Pomeranz providing several days of training. These trainings are open to the public, individuals, collateral agencies and providers. (Minutes are available upon request.)

Other Opportunities for Stakeholder Involvement

County Social Services Staff attend occasional NAMI Meetings, legislative committees, provider forums, collaborative meetings with other agencies.

County Social Services will conduct annual reviews with stakeholders in each member county to review this report and offer input into next years budget priorities.

3. Current provider network;

The following providers provided services to County Social Services :

Butler County Sheriff	Lindeman Law
C G County Treasurer	Linn County Sheriff
Capstone Behavioral Healthcare	Lemur Properties
Cedar Valley Community Support Services	Luthern Services In Iowa
Cedar Valley Ranch	Martin Health Services
Center Associates	Marty Wilshire (Landord)
Cerro Gordo Public Health	Mason City Clinic Psychiatry
Cerro Gordo County General Relief	Meck, Donna
Charles City Transit	Mediacom
Children And Family Of North Iowa	Mediapolis Care Facility Inc.
Christian Opportunity Center	Member County Administrative
Christine Boyer Atty	Mental Health Center Of North Iowa
City of Mason City	Mental Health Clinic Of Tama County
City of Rockford	Mercy Medical Center - North Iowa
City Treasurer Cedar Rapids, Iowa	Mercy Medical Cntr - Behavioral Services
Clear Lake Mirror Reporter	Mercy Westside Pharmacy
Communication Service For The Deaf (Csd Of Iowa)	Metropolitan Transit Authority Of Black Hawk Co
Community Based Services Of Bremer County	Mid America Publishing Corp
Community Care	Milestones In Marion
Community Service Association	Mitchell County Care Facility
Comprehensive Systems, Inc.	Mitchell County Social Services
Consumer Credit Counseling	Nashua Pharmacy
Cory R. Speth Atty At Law	New Directions Mental Health
Country Life Health Care Inc.	Next Generation Technologies
Country View Care Facility	NIACOG
Covenant Clinic Psychiatry	Nishna Productions
Covenant Medical Center	North Central Iowa Mhc - Fort Dodge
Curt'S Cab	North East Iowa Mental Health Center
Dac, Inc. / Julien Care Facility	North Iowa Regional Housing
Darrell E. Davis Adult Day Care	North Iowa Transition Center
Delaware County Community Services	North Iowa Vocational Center
Des Moines Area Regional Transit Authority	North Star
Dept. Of Correctional Services (Jail Cord.)	Northeast Iowa Behavioral Health, Inc
DHS - Enhanced	Northeast Iowa Community Action Corporation
DHS - Habilitation	O'Brien County Sheriffs Office
DHS - Community Based ICF/MR	Opportunity Village
DHS - MHI	Paetec
Independence MHI	Park Place/Sunshine Homes, Inc.
Mount Pleasant MHI	Park Towers Apartments
DHS - Waiver	Pathways Behavioral Serv - Waverly
DHS- Resource Centers	Pathways Behavioral Serv- Ddop
Diamond Life Health Care, Inc.	Penn Center / Abbe Inc.
Dillon Law Pc	Peoples Clinic Pharmacy
Downtown Drug	Pine Rest Christian Mental Health
Draper, Jodi	Pioneer Enterprise
Dumont Telephone Company	Prairie View Management Inc
Dunakay And Klatt Atty	Prime Time Pass
Duncan Heights	Psychiatric Associates of Ne
Echo Plus Inc	Regional Transit Commission Div. of Inrcog

Eggert, Erb & Mulcahy
Electronic Transactions Clearing House
Ellsworth Hospital
Ellsworth Municaipal Hospital
Evans, Kent
Exceptional Persons
Eyerly Ball Cmhs
Fayette County Sheriff
Fecht'S Repair
Fedders Healthmart
First Christian Church
Floyd County CPC
Floyd County Public Health
Floyd County Sheriff
Floyd County Transit
Floyd County Treasurer
Francis Lauer Youth Services
Full Circle Services
G & G Living Centers
Gallagher, Langlas & Gallagher
Gaudineer, Comito & George Llp
Genesis Development
Genesis Development-Pheasant Ridge
Gildner Properties
Globe Gazette
Goodwill Ind Of Central Iowa
Goodwill Industries Of Ne Iowa , Inc.
Goodwill Industries Of The Heartland
Greenwood Drug
Growth Properties Llc
Handicapped Develoipment Center (Hdc)
Hanson, Patti - Adv
Harmony House Health Care
Healthworks
Heiny Mcmanigal Duffy Stambaugh& Anderson
Hillcrest Cmhc Out Patient
Hillcrest Family Services-Dubuque
Homemaker Health Aide Service

Riceville Pharmacy
Rise Ltd
Robert Davison Atty
Sandra Hart Atty
Sands Asset Management
Schickel, Candi
Scott Pharmacy
Shopko Pharmacy # 52
Siouxland Mental Health
Smart Pharmacy
Sorg Sample Medical - 17091
Spectrum Industries
Spencer Hospital
Spring Harbor(Liberty Square)
St. Lukes Hospital
Strawhacker And Associates
Tailored Living
The Homestead Living & Learning Center
The Larrabee Center, Inc
The Pride Group
Trans Iowa
Transit
U.S. Cellular
Universal Communications
Vera French Pine Knoll Residential Programs
Vickers Law Office
Village Northwest Unlimited
Vince Kobliska
Visiting Nurse Association - Dubuque Office
Waubonsie Mental Health Center
Waychus, Kathy
Webster County Community Services
Wellsburg Ag
West Side Manor Apartments
Wilshire, Mary (Landlord)
Yellow & Capitol Cab Compnay

4. Actual expenditures for the previous fiscal year as reported by the County Auditors to the Department of Management (634C) and expenditure reports from the management MIS system;

The County Auditors 634C Reports are available on the Department of Management Web-site. The following is the combined expenditure reports by COA from five individual MIS systems. FY2011 will be reported in total from CSN:

Description	MI	CMI	MR	DD	Total
Consultation	\$36,937.00	\$0.00	\$0.00	\$0.00	\$36,937.00
Public Education	\$2,104.36	\$150.00	\$0.00	\$0.00	\$2,254.36
					\$39,191.36
Direct Administration	\$104,624.81	\$176,997.95	\$67,969.48	\$4,315.54	\$353,907.78
					\$353,907.78
Case Management - T19 Match	\$296.38	\$54,037.08	\$249,951.79	\$15,023.57	\$319,308.82
Case Management - 100% County	\$0.00	\$1,805.25	\$0.00	\$62.87	\$1,868.12
Other Case Management	\$46,121.42	\$24,043.50	\$70.64	\$12.88	\$70,248.44
Service Management	\$13,019.15	\$140,347.90	\$245,623.73	\$11,345.98	\$410,336.76
					\$801,762.14
Transportation (non-Sheriff)	\$1,082.00	\$27,613.26	\$211,006.75	\$27,216.79	\$266,918.80
Homemaker/Home Health Aid	\$0.00	\$32,603.88	\$5,961.01	\$1,585.64	\$40,150.53
Home Management Services (include PERS)	\$0.00	\$463.76	\$1,575.29	\$0.00	\$2,039.05
Respite	\$3,220.00	\$11,079.88	\$49,947.07	\$12,097.44	\$76,344.39
Guardian/Conservator	\$9,593.89	\$24,727.09	\$41,482.66	\$5,241.80	\$81,045.44
Representative Payee	\$18,350.02	\$86,993.82	\$42,816.75	\$9,207.35	\$157,367.94
Home/Vehicle Modification	\$547.64	\$0.00	\$1,319.32	\$0.00	\$1,866.96
Supported Community Living	\$5,339.09	\$681,738.47	\$772,167.26	\$182,252.26	\$1,641,497.08
Other Personal & Environmental Support	\$2,075.83	\$1,794.35	\$304,289.07	\$2,720.00	\$310,879.25
Ongoing Rent Subsidy	\$1,660.00	\$30,837.51	\$510.00	\$3,632.41	\$36,639.92
Other Basic Needs Service	\$1,622.65	\$6,821.91	\$721.19	\$1,397.66	\$10,563.41
					\$2,625,312.77
Physiological Tmt. Outpatient	\$39,349.39	\$33,454.10	\$0.00	\$2,005.05	\$74,808.54
Physiological Tmt. Prescription Medicine	\$65,815.78	\$129,304.64	\$1,727.22	\$3,767.18	\$200,614.82
Physiological Tmt. In-Home Nursing	\$68.70	\$3,535.38	\$290.04	\$0.00	\$3,894.12
Physiological Tmt. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Psychotherapeutic Tmt. Outpatient	\$1,548,097.74	\$321,128.47	\$1,190.00	\$17,442.95	\$1,887,859.16
Other (Psychotherapeutic Treatment)	\$406,549.70	\$258,458.50	\$0.00	\$0.00	\$665,008.20
Community Support Services	\$6,088.78	\$245,409.63	\$11,359.74	\$4,695.45	\$267,553.60

Other Rehabilitative Treatment	\$1,250.00	\$6,414.06	\$0.00	\$0.00	\$7,664.06
					\$3,107,402.50
Sheltered Workshop Services	\$9,478.05	\$50,729.40	\$317,021.73	\$105,395.18	\$482,624.36
Work Activity Services	\$4,172.99	\$123,299.68	\$695,131.15	\$61,418.11	\$884,021.93
Job Placement Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Adult Day Care	\$0.00	\$8,432.00	\$69,953.37	\$7,881.37	\$86,266.74
Supported Employment Services	\$11,000.80	\$161,390.78	\$171,243.70	\$65,229.20	\$408,864.48
Enclave	\$0.00	\$23,544.51	\$82,091.96	\$15,928.24	\$121,564.71
Other Services/Day Hab	\$264.71	\$527,838.23	\$832,618.16	\$26,037.85	\$1,386,758.95
					\$3,370,101.17
ICF/MR (Comm. 1-5 Bed)	\$0.00	\$0.00	\$333,877.00	\$0.00	\$333,877.00
Supported Community Living (Comm. 1-5 Bed)	\$81,530.42	\$387,317.03	\$3,781,722.31	\$193,524.97	\$4,444,094.73
RCF (Comm. 6-15 Bed)	\$47,075.84	\$1,529,878.45	\$334,784.15	\$111,851.85	\$2,023,590.29
RCF/MR (Comm. 6-15 Bed)	\$0.00	\$20,632.05	\$64,533.45	\$117,701.78	\$202,867.28
RCF/PMI (Comm. 6-15 Bed)	\$0.00	\$195,288.00	\$0.00	\$2,530.00	\$197,818.00
Nursing Facility/ICF-PMI - Community Based	\$0.00	\$538,022.79	\$287,554.68	\$0.00	\$825,577.47
ICF/MR (Comm. 6-15 Bed)	\$0.00	\$0.00	\$2,773,267.81	\$6,167.33	\$2,779,435.14
Other (Comm. 6-15 Bed)	\$0.00	\$3,302.26	\$0.00	\$0.00	\$3,302.26
ICF/MR (Comm. 16+ Beds)	\$0.00	\$25,952.37	\$195,515.61	\$0.00	\$221,467.98
					\$11,032,030.15
Inpatient (State MHI)	\$74,870.73	\$383,771.13	\$0.00	\$0.00	\$458,641.86
Inpatient Other	\$73,385.68	\$16,451.06	\$0.00	\$0.00	\$89,836.74
Inpatient (State Hosp. School)	\$0.00	\$0.00	\$1,036,946.43	\$2,025.00	\$1,038,971.43
Inpatient (Other Priv./Public Hospitals)	\$399,550.47	\$186,945.92	\$0.00	\$11,542.48	\$598,038.87
Other (Other Priv./Public Hospitals)	\$0.00	\$3,375.00	\$0.00	\$3,375.00	\$6,750.00
D & E Related to Commitment	\$22,862.53	\$11,226.00	\$250.00	\$836.12	\$35,174.65
Sheriff Transportation	\$8,236.05	\$10,268.98	\$580.50	\$425.08	\$19,510.61
Legal Representation (cmtmt court costs/legal fees)	\$36,365.09	\$27,942.00	\$168.00	\$990.00	\$65,465.09
Mental Health Advocates	\$48,744.31	\$51,935.89	\$267.55	\$365.56	\$101,313.31
Mental Health Advocates - other	\$14,522.48	\$14,535.73	\$0.00	\$0.00	\$29,058.21
					\$2,442,760.77
					\$23,772,468.64
	\$3,145,874.48	\$6,601,839.65	\$12,987,506.57	\$1,037,247.94	

5. Scope of services provided through the fiscal year (do not include unused covered services);

The best report for scope of service is the unduplicated count of individuals served by county chart of account. Our current system does not properly identify individuals with brain injury. They are included with the count of individuals with developmental disabilities:

COA	Description	MI	CMI	ID	DD	Total
00400	Consultation	0	0	0	0	0
5000	Public Education	820	156	0	0	976
		0				
21374	Case Management - T19 Match	2	77	695	53	827
21375	Case Management - 100% County	2	4	0	1	7
21399	Other Case Management	95	53	1	1	150
22000	Service Management	108	385	28	33	554
		0				
31411	Transportation (non-Sheriff)	6	45	292	22	365
32320	Homemaker/Home Health Aid	3	24	4	2	33
32322	Home Management Services (include PERS)	0	2	19	0	21
32325	Respite	1	9	89	3	102
32326	Guardian/Conservator	22	44	213	11	290
32327	Representative Payee	36	129	41	16	222
32328	Home/Vehicle Modification	1	0	3	0	4
32329	Supported Community Living	10	330	299	50	689
32399	Other Personal & Environmental Support	2	2	83	1	88
33345	Ongoing Rent Subsidy	10	28	2	4	44
33399	Other Basic Needs Service	6	19	4	8	37
		0				
41305	Physiological Tmt. Outpatient	236	66	0	11	313
41306	Physiological Tmt. Prescription Medicine	382	176	3	12	573
41307	Physiological Tmt. In-Home Nursing	2	11	2	0	15
41399	Physiological Tmt. Other	0	0	0	0	0
42305	Psychotherapeutic Tmt. Outpatient	2213	360	3	26	2602
42399	Other (Psychotherapeutic Treatment)	72	27	11	3	113
44396	Community Support Services	14	146	7	3	170
44399	Other Rehabilitative Treatment	4	14	0	0	18
		0				
50360	Sheltered Workshop Services	8	29	65	24	126
50362	Work Activity Services	9	127	312	32	480
50364	Job Placement Services	0	0	0	0	0
50367	Adult Day Care	0	3	41	2	46
50368	Supported Employment Services	15	82	131	32	260
50369	Enclave	0	28	74	7	109
50399	Other Services/Day Hab	1	93	303	14	411
		0				
63318	ICF/MR (Comm. 1-5 Bed)	0	0	12	0	12
63329	Supported Community Living (Comm. 1-5 Bed)	13	151	358	32	554
64314	RCF (Comm. 6-15 Bed)	32	160	19	11	222
64315	RCF/MR (Comm. 6-15 Bed)	0	32	8	7	47

64316	RCF/PMI (Comm. 6-15 Bed)	0	16	0	1	17
64317	Nursing Facility/ICF-PMI - Community Based	0	44	23	0	67
64318	ICF/MR (Comm. 6-15 Bed)	0	0	125	2	127
64399	Other (Comm. 6-15 Bed)	0	1	0	0	1
65318	ICF/MR (Comm. 16+ Beds)	0	0	0	0	0
		0				
71319	Inpatient (State MHI)	6	27	2	0	35
71399	Inpatient Other	3	3	0	0	6
72319	Inpatient (State Hosp. School)	1	2	29	1	33
73319	Inpatient (Other Priv./Public Hospitals)	162	52	0	6	220
73399	Other (Other Priv./Public Hospitals)	0	2	0	1	3
74300	D & E Related to Commitment	52	19	1	3	75
74353	Sheriff Transportation	88	50	2	7	147
	Legal Representation (cmtmt court costs/legal fees)	141	67	1	12	221
74395	Mental Health Advocates	306	304	2	4	616
74399	Mental Health Advocates - other	1	2	0	0	3

6. Appeals, number, type, and resolution;

There was one appeal filed under the Mental Health & Disability Management Plan. The decision was a denial of transportation funding. The appeal was overturned at the first level review. The individual explained that it was necessary to sustain their recycling business.

7. Quality assurance implementation, findings and impact on plan, outcomes as captured by each program;

County Social Services took benchmarks from the FY2009 statewide totals to assess our allocation between programs compared to the state average:

Service	Dollars	C.S.S. %	State %
Education	39,191	.2 %	.5 %
Administration	353,908	1.5 %	3.84 %
Coordination	801,762	3.4 %	8.14 %
Supports	2,625,313	11.0 %	11.4 %
Treatment	3,107,403	13.1 %	10.7 %
Work	3,370,101	14.2 %	12.2 %
Residential	11,032,030	46.4 %	43.6 %
Hospital	2,442,761	10.3 %	9.7 %
Total	23,772,469		

This analysis shows a conservative administrative overhead to allow more dollars for service allocation. The other noted variation is the cost of mental health treatment. County Social Services remains committed to funding the Community Mental Health Center mission with per capita allocations beyond fee-for-service reimbursement for eligible individuals this is over \$800,000 in additional support.

Work services are higher than the state average. This represents the identified value of work to recovery and a meaningful life held by our community. We hope to advance this value beyond the use of congregate work sites and push a more progressive and integrated work setting for our individuals.

County Social Services is surprisingly inline with hospital cost despite having 4 of the largest psychiatric units within the area and a service plan that reimburses for voluntary admissions.

Disability Group	Child	Adult	Unduplicated
Mental Illness	116	2,889	3,005
Chronic Mental Illness	6	1,118	1,124
Intellectual Disability	4	985	989
Developmental Disabilities	0	171	171
Other	1	21	22
Total	127	5,184	5,311

County Social Services developed 2 separate plans within their MHD Management Plan. The Mental Health Program has a limited array of services for the treatment of individuals with a mental illness and a Disability Program with a community based array of services to support individuals unable to live independently.

The Disability Program serves the 1 percent that depend on the safety net provide by the MHD Program. These are costly and personnel intensive supports. The average cost for each client is about \$9,000 per year.

<i>DISTYPE FY10</i>	<i>1st QTR</i>	<i>2nd QTR</i>	<i>3rd QTR</i>	<i>4th QTR</i>	<i>Net Change</i>
<i>Mental Illness</i>	1,779	1,608	1,546	1,541	-238
<i>Chronic Mental Illness</i>	925	873	880	873	-52
<i>Intellectual Disabilities</i>	920	910	912	900	-20
<i>Other Categories</i>	133	142	136	126	-7
Total	3,757	3,533	3,424	3,394	-363

This chart shows a very drop in clients served but it is more a factor of a significant spike in the first quarter than a drop over the year. Clients served in the fourth quarter of last year was MI 1,475; CMI 881; ID 901 and Other 137. There was a spike in outpatient services with the addition of 2 new doctors at the MHCNI and one has since left. We are also being more aggressive in allocating non fee-for-service dollars to clients, which also distorts the numbers until we reach a consistent practice.

2010 Floyd County Case Management Consumer & Guardian Satisfaction Survey

Survey Data:

- In June 2010, Eighty consumer surveys were mailed out along with 45 guardian surveys (this includes 19 parents/guardians of children). The surveys were in letter format and included a self addressed stamped envelope for ease of return.

Survey's returned:

- 38 surveys were returned. 19 surveys were from parents/guardians (41% return rate) & 19 surveys were returned from consumers (24% return rate). Overall a 30% return rate.

Findings on Quality of Program:

- All surveys returned knew who their case manager was except one consumer who listed his SCL worker as his case manager
- All surveys returned could explain what their case manager does for them.
- All surveys returned felt that their Case Management goals were very important to them
- All surveys returned felt that they understood what their Case Manager does for them
- All surveys returned felt their Case Manager was skilled in needs & how to address those needs
- All surveys returned, except two, felt that they see their Case Manager enough. The two surveys that stated they did not see their Case Manager enough, one wanted to see the TCM twice a month and the other wanted to go out to eat with their TCM
- Six of the surveys provided suggestions on how to make Case Management services better. The rest of the surveys stated they like things the way they are. The six suggestions were as follows:
 1. *Get a 800 phone number*
 2. *More Visits*
 3. *Things to better myself*
 4. *Explain the goals desired for me fuller*
 5. *A website to link us to services and information*
 6. *Contact phone calls after TCM visits my daughter – since I am the guardian*
- Everyone was given the opportunity to sign their name if they had any questions or concerns. Two individuals did request a visit & these were completed by TCM supervisor:
 1. One individual was new to the program & did not understand his goals. This was discussed & he now feels his question was answered.
 2. One individual had no specific questions; he just signed his name to the form.

Conclusions:

- All respondents are pleased with services & feel that TCM services are beneficial to them and/or their family member
- All respondents showed a good understanding of what their case manager does for them & that their goals are meaningful to them. This shows that Case Managers are identifying goals/needs that are important to consumers and their family members.
- It is apparent that Floyd County Case Management's open-door policy and direct line phone numbers are appreciated as many comments were made about the ease of availability to contact TCM

Focus areas for FY 2011:

- Discussion with TCM Advisory Board regarding the six suggestions we received for improvement. We will determine if any of these are feasible & if so, add to the Performance Improvement Plan.
- On-going training to keep up to date on current services available
- Focus on keeping all team members informed of concerns/progress through out the year.

Comments Received on Surveys:

- *TCM sees that respite care & school is providing the right assistance to my family member. This TCM helps assist in getting what is needed to protect and entertain my family member. We are well satisfied.*
- *TCM set up budget & keeps us informed of changes in laws/funding & assists in finding services. I've visited with other families who receive services from other case managers & we feel that this TCM is much more knowledgeable and caring than others.*
- *TCM helps with any need, gets programs started, is always available*
- *TCM helps with respite, adaptive equipment & ideas as to what would make life easier for our child. This TCM's assistance and knowledge are vital and extremely helpful in all areas*
- *TCM checks on my welfare & is part of my care team*
- *TCM helps get my family member the services she needs to live in home. TCM is there to answer questions on the phone or available if I need something at her office*
- *TCM checks on my family member's welfare. I can contact TCM if I have any questions.*
- *I like that this TCM sends me as parent/guardian all copies of interviews & assessments*
- *This TCM is always available when we need them either by phone, email or in person. We are very happy with this TCM*
- *This TCM makes sure my family member has goals & reaches his goals. Also makes sure he has the things he needs so he can stay in his own home.*
- *This TCM sets realistic goals to keep my family member stretching for growth/independence yet TCM's perseverance in working on these is not discouraging to my family member. The TCM keeps goals in front of my family member who would easily ignore some of them & slip backwards if the TCM did not do this. This TCM has insight, understanding & really good skills concerning my family member*
- *This TCM is resourceful in finding information. As a parent, it feels good to have the advocacy that the TCM provides – please contact me after you visit my daughter since I am the guardian*
- *TCM helps me get jobs and with my goals*
- *This TCM helps me with my job & work schedule. I like to be around my TCM – TCM helps me with lots of things. TCM is very helpful to me and that makes me happy all the time.*
- *TCM helps make sure I am ok and happy with everything. Makes sure I know how to get out of the house in a fire. Checks to make sure everyone is doing their part in helping me.*
- *TCM helps me talk about things that are bothering me & helps me understand about my stay at RCF. This TCM helps me in any way I ask her & builds self awareness about family members and how to stay calm*
- *This TCM works for me if I have difficulties with anything or finds the help I need*
- *This TCM helps with funding and goals so I can move out on my own.*
- *Helps me with funding for placements & applying for HUD so I can move out of an RCF & live on my own. TCM pretty much helps me get all my ducks in a row.*

8. Waiting list information

There was no waiting list for HCBS/MR slots or any MHD Management Plan Service.